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FAX COVER LETTER

PAGES: 12 + Cover Letter

TO: GMAC LOSS MITIGATION

FAX NUMBER: - 1-866-709-4744

SUBJECT: Financial analysis form plus all supporting documents.

FROM: Todd Silber

73 Farnham Road South Windsor Ct. 06074

860-922-4156 Contact.

Account: 0602198843

(2)

FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)
PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE

To: Loss Mitigation	Account Number(s) 8043
From: <u>Todd Silber</u>	or mail to: Loss Mitigation
Fax to: 1-866-709-4744	233 Gibraltar Road Suite 600
	Horsham PA 19044

All of the following information must be completed and returned to determine eligibility:

- Financial Analysis Form (Enclosed)
- A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower -- (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)
- Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.
- Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most-recent pay stubs from your employer <i>including year-to-date information</i> . Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as Social Security, disability, death benefits, or pension:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance:	<input checked="" type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has rental income from an investment property:	<input type="checkbox"/> Copy of the most-recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. If the subject property, on which the modification is being requested, is not your primary residence, please include the following: <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has income not specified above:	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form

★ Please see Attached Letter. That was faxed and/or mailed with this Packet.
I have read and tried to understand All terms IN this Packet.
Disclaimer: Consider this Packet Void If anywhere I signed Is stating I wish to Surrender or Give up my House. I wish to keep my House!

FINANCIAL ANALYSIS FORM

Account Number ~~226~~ 8843

I want to: <input checked="" type="checkbox"/> Keep the Property		<input type="checkbox"/> Sell the Property	
The property is my: <input checked="" type="checkbox"/> Primary Residence		<input type="checkbox"/> Second Home	
The property is: <input checked="" type="checkbox"/> Owner Occupied		<input type="checkbox"/> Renter occupied	
<input type="checkbox"/> Investment		<input type="checkbox"/> Vacant	
BORROWER		CO-BORROWER	
BORROWER'S NAME <u>Todd Silber</u>		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER <u>044-78-2236</u>		SOCIAL SECURITY NUMBER	
DATE OF BIRTH <u>8-13-76</u>		DATE OF BIRTH	
HOME PHONE NUMBER WITH AREA CODE <u>860-434-2054</u>		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE <u>860-982-4156</u>		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS <u>72 Farnham Rd. South Windsor Ct 06074</u>			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) <u>SAME</u>		EMAIL ADDRESS	
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Have you contacted a credit-counseling agency for help?	
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of offer _____ Amount of Offer \$ _____		If yes, please complete counselor contact information below.	
Agent's Name: _____		Counselor's Name: _____	
Agent's Phone Number: _____		Counselor's Phone Number: _____	
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property?		Who pays the hazard insurance policy for your property?	
<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does <u>ESCROW</u>		<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA <u>ESCROW</u>	
Are the taxes current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is the policy current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Condominium or HOA Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____		Name of Insurance Co. _____	
Paid to: _____		Insurance Co. Tel #: _____	
Have you filed for bankruptcy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____		Bankruptcy case number _____	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Service		Balance	Contact Number
N/A			Loan Number
HARDSHIP AFFIDAVIT			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
<input checked="" type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.		<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.		<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).	
<input type="checkbox"/> Other _____			
Explanation (Required): <u>I have been unemployed from July to Present day. I have Done my Best to stay on top of All my Bills and Responsibility. But in November I could No longer. I was also unemployed Nov 2008 to Feb 2009. But was still able to pay all my Bills. Only Now Can I No longer. I have gone through all Savings. Sold things of worth. But Now I Need help.</u>			
<u>Please know my main goal is keeping this House, food for my children and keeping the Electricity on.</u>			
If additional space is needed for Explanation, please include an additional page.			

I have been in the Car Business for 8 years. Its Great money, Just look How I was able to pay Bills for some time. I have No doubt that Come Feb or March the latest. I would of Regained employment. Right Now its Tough.

(4)

FINANCIAL ANALYSIS FORM (Continued)

Account Number B 8843

INCOME/EXPENSES FOR HOUSEHOLD		NUMBER OF PEOPLE IN HOUSEHOLD	
1 - Monthly Household Income		2 - Monthly Household Expenses/Debt	
Gross Salary/Wages <i>43 hrs / month</i> Gross salary/wages = total monthly income before any tax withholding or employer deductions. \$ <u>2919.70</u>	First Mortgage Payment \$ <u>1990.80</u>	Checking Account(s) Balance \$ <u>649.00</u>	
Overtime \$ <u>X</u>	Second Mortgage Payment/Liens/Rents \$ <u>X</u>	Checking Account(s) Balance \$ <u>74.00</u>	
Child Support/Alimony* \$ <u>X</u>	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment) \$ <u>Escrowed</u>	Savings/Money Market \$ <u>X</u>	
Social Security/SSDI \$ <u>X</u>	Property Taxes (If not escrowed and included in your current mortgage payment) \$ <u>Escrowed</u>	CDs \$ <u>X</u>	
Other monthly income from pensions, annuities or retirement plans \$ <u>X</u>	Credit Cards/Installment Loan(s) (total minimum payment per month) \$ <u>500 - \$100</u>	Stocks/Bonds \$ <u>X</u>	
Tips, commissions, bonus and self-employed income \$ <u>X</u>	Alimony, child support payments \$ <u>X</u>	Other Cash on Hand \$ <u>X</u>	
Rents Received \$ <u>X</u>	Health Insurance \$ <u>X</u>	Other Real Estate (estimated value) \$ <u>X</u>	
Unemployment Income \$ <u>X</u>	HOA/Condo Fees/Property Maintenance \$ <u>X</u>	Other _____ \$ <u>X</u>	
Food Stamps/Welfare \$ <u>X</u>	Car Payments \$ <u>209.46</u>		
Other (investment income, royalties, interest, dividends etc) \$ <u>X</u>	Medical Expenses \$ <u>X</u>		
	Child Care \$ <u>X</u>		
	Student Loans/Personal Loans \$ <u>X</u>		
	Auto Expenses /Gasoline/Insurance \$ <u>220 - 260</u>		
	Food/Household Supplies \$ <u>8645 - 6750</u>		
	Water/Sewer/Utilities/Phone(s)/Cable \$ <u>546 - 600</u>		
	Other _____ \$ _____		
Total (Gross income) \$ <u>2919.70</u>	Total Debt/Expenses \$ <u>4111.26</u>	Total Assets \$ <u>723.00</u>	

***** ALL INCOME MUST BE DOCUMENTED *****

*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
<p>The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.</p>			
<p>BORROWER <input type="checkbox"/> I do not wish to furnish this information</p>		<p>CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information</p>	
<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino</p>		<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p>	
<p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White</p>		<p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>	
<p>Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male</p>		<p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	
<p>To be Completed by Interviewer</p>			
<p>This application was taken by:</p>		<p>Interviewer's Name (print or type) & ID Number</p>	
<p><input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet</p>		<p>Interviewer's Signature _____ Date _____ Interviewer's Phone Number (include area code) _____</p>	
<p>Name/Address of Interviewer's Employer</p>			

Star - Please Note the Credit CARD Installments and payments are Not a Priority At this Time. I have always paid them on time. However me and my family are in emergency mode. My Priorities are. Mortgage, Electricity, Heat, and Food. If we can Get a modification on our Home. We will be just fine.

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ACKNOWLEDGEMENT AND AGREEMENT

Account Number

80943

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.


Borrower Signature

12/11/09
Date

Co-Borrower Signature

Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



98843

Form 4506T-EZ (October 2009) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript Request may not be processed if the form is incomplete or illegible.	OMB No. 1545-2154
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Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. Todd Silber		1b First social security number on tax return 123-22-36
2a If a joint return, enter spouse's name shown on tax return.		2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 73 Farnham Rd. South Windsor Ct 06074		
4 Previous address shown on the last return filed if different from line 3		
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.		
Third party name GMAC Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA. 19044		Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code		

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2008 2007 2006 2005

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions) 	Date 12/10/09	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

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Form 4506T-EZ (10-2009)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer (listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

(Please complete and return if you ONLY want us to speak with your Real Estate Agent, or any other designated third party on your behalf.)

Account Number: 18848 Name: Todd Silber
Property Address: 73 Farnham Rd. South Windsor Ct 06074



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

____ of _____ in his/her capacity as
Name Company Name

Relationship (if applicable) Phone Number

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Todd Silber [Signature] 12/11/08
Borrower Printed Name Borrower Signature Date

Co-Borrower Printed Name Co-Borrower Signature Date



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Your unemployment insurance benefit check is attached below. Before you cash the check, detach it and keep the stub for your records.



File every week that you are unemployed or working part-time. (If you worked full-time, you are not eligible for benefits for that week and should not file.)

Here's how to file for benefits.

✓ **Call:** 617-626-6338 or use the Internet. Go to www.mass.gov/dua (follow the instructions on the screen).

✓ **Days/times to file:** Sunday to Friday, from 7:00 a.m. to 7:00 p.m. (same hours on the Internet)

Sunday is the first day of the week you can call to claim benefits for the previous week.
Not available on Saturdays or legal holidays.

✓ **Information you will need:**

- ☐ Your Social Security Number
- ☐ For Telecert use your 4-digit Personal Identification Number (PIN). For WebCert log in with a User Name & Password.
- ☐ The amount of your gross earnings if you worked during the week claimed. Include holiday pay.

✓ **Answer these three questions:**

You are answering these questions only for the week that you are claiming benefits.

- ☐ During the week claimed, did you look for work?
- ☐ During the week claimed, were you able to work and available for work?
- ☐ During the week claimed, did you work or earn holiday pay?

Failure to report employment and wages while collecting Unemployment Insurance may result in penalties and/or prosecution.
(If you answer "yes" to this question, you will be asked to enter the amount of your earnings in dollars and cents. Include holiday pay. If you do not know how much you earned, you will need to call Telecert again or use WebCert again to report your earnings. This may delay your benefits).

To reactivate your claim:

If you do not claim benefits for even one week - because you returned to work or another reason - your claim will "close". You may reactivate it by calling the DUA TeleClaim Center. Call one of the numbers below to speak to a claims agent.

Form 1042 Rev 03-29-06

20 Weeks



TeleClaim Center: Call one of these numbers when you need to speak to a claims agent. Call 1-877-626-6800 if you are calling from area codes 351, 413, 508, 774, and 978. From any other area code, call 617-626-6800.

WEEK ENDING	GROSS EARNINGS	DEP ALLOW	DEDUCTIONS							NET PAYMENT
12/12/09	0.00	25.00	EARNINGS 0.00	PENSION 0.00	CHILD SUPP 0.00	OVER PYMT 0.00	FED TAX 0.00	STATE TAX 0.00	HEALTH INS 0.00	679.00
SOC SEC ACCT NO XXX-XX-2236	BENEFIT RATE 629.00	CHECK NO 39-552907	CHECK DATE 12/15/09	CHECK AMOUNT 679.00	BALANCE 13608.00					

SEE OTHER
SIDE FOR
REMINDERS



18843

10

To whom it may concern,

Attached is my current Unemployment compensation stub. The stub reflects \$679 paid weekly, with a balance of \$13608.00 This Balance provides 20 more weeks of Unemployment compensation. However please understand that there are extensions that I will qualify for (since I was in the Auto Business) That will surpass your 9 month requirement.

20weeks left currently

Plus the first extension: **October 2 Update:** Senator Max Baucus, Chairman of the Finance Committee, introduced legislation - the Emergency Unemployment Compensation Act of 2009 - that provides additional weeks of federal unemployments benefits to workers in all states. Baucus and Senate Majority Leader Harry Reid propose four extra weeks of extended unemployment benefits for all states, plus 13 additional weeks for the 27 hardest-hit states.

Connecticut falls in the parameter of the "27 hardest hit states" ~~XXXXXXXXXXXXXXXXXXXX~~

This extension provides 17 more weeks

Second extension: **November 6 Update:** President Obama has signed the unemployment extension legislation. Check with your state unemployment office for details on when payments will start being made. The extension provides for 14 weeks of extended benefit coverage for every state and an additional 6 weeks, for a total of 20 weeks, in high unemployment states where unemployment is over 8.5%.

Again Connecticut is unfortunately over 8.5%

This is extension provides another 20weeks

Now these 2 first extensions alone plus my current benefit time is 57 weeks, totaling over 1 year.

Please understand I have no intention of staying unemployed that long. Come spring time the latest I will land back in a car dealership. Please also understand I was laid off back in July of 09 and have gone through all of my savings. I did not think I would be unemployed this long. This is the down side to the auto Business, great, money while employed, but hi turn around. While employed in the Auto Business, my history and experience grants me a pretty high paying salary. So even though was laid off in July, I was able to live off most of my savings and pay all my bills up until November. Currently I am not behind on any other bills other then my mortgage. But I can no longer survive off unemployment alone, and still pay all my bills. I hope that the fact I kept trying and staying above "water" for the past 4 months will show some character. I did not reach for handouts and help from all sources nor did I stop paying bills upon my layoff back in July. I fought every day to find work and stay on top of all my financial obligations. At this time I have to prioritize, I am the sole provider for my 2 children. My priorities are keeping my House, Keeping the heat and electricity on, and keeping food on the table. As soon as GMAC

2015 8893

(11)

can help me the better and at the same time I will then contact a credit card consolidation program to consolidate my credit card dept if need be as well. But again I have to focus on Keeping my house, food for my children and heat and electricity.

Sincerely Todd Silber



Transaction History

Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

Account Title/Address:

TODD SILBER
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

Customer Name:

TODD SILBER

Acct #: 4443

Acct Type: VIP FREE INTEREST CHECKING

Balance: \$804.55

Total Available Balance: \$125.55

Last Statement Date: 11/20/2009

History search parameters

Transaction

Type: DDA Transactions

Amount

From:

To:

Date

From: 12/01/2009

To: 12/18/2009

Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
12/18/2009	DEPOSIT	DEPOSIT	0000100000	679.00

Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/17/2009	CK CRD SIGNATURE PURCH	ALEXIAS PIZZA 4821714334435765	0000000000	30.08	\$125.55
12/17/2009	CK CRD PIN PURCHASE	GEISSLER'S SUPER MARKEGEI 5346	0000000000	22.12	\$155.63
12/16/2009	CK CRD PIN PURCHASE	OCEAN STATE JOB LOOCAN S 5040	0000000000	22.15	\$177.75
12/16/2009	CK CRD PIN PURCHASE	MANCHESTER IRVINGMANCHEST 022	0000000000	46.84	\$199.90
12/15/2009	ACH WITHDRAWAL	Credit One Bank Payment 93	0000000935	40.00	\$246.74
12/15/2009	ACH WITHDRAWAL	GENESIS WEB BANK Payment 09	0000000937	45.00	\$286.74
12/15/2009	ACH WITHDRAWAL	JCPENNEY/GEMB CHECKPAYMT 09	0000000936	60.00	\$331.74
12/14/2009	CK CRD SIGNATURE PURCH	FAS 316 MART 1	0000000000	12.06	\$391.74
12/14/2009	CK CRD SIGNATURE PURCH	GEISSLER'S SUPERMA 1	0000000000	26.46	\$403.80
12/14/2009	POD INCLEARING CHECKS	PAID CHECK	0000000933	126.09	\$430.26
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53888743344	0000000000	132.47	\$556.35
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53889543344	0000000000	142.23	\$688.82
12/14/2009	ACH WITHDRAWAL	SEARS PAYMENT CHECK PYMT 09	0000000934	40.00	\$831.05
12/14/2009	CK CRD PIN PURCHASE	SOU JCPENNEY STORE 532SOU 0003	0000000000	65.00	\$871.05
12/11/2009	CK CRD PIN PURCHASE	TANDY LEATHER 105TANDY LE 001	0000000000	32.86	\$936.05
12/11/2009	WITHDRAWAL AT ATM	1695 ELLINGTON RD 115719433443	0000000000	440.00	\$968.91
12/10/2009	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	8.80	\$1,408.91
12/10/2009	DEPOSIT	DEPOSIT	0000000000	1,358.00	\$1,417.71
12/09/2009	CK CRD SIGNATURE PURCH	HIGASHI JAPANESE R 00109843344	0000000000	10.95	\$59.71
12/09/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	14.99	\$70.66

2 Checks Deposited
1 was from work
before 1358 / 2
= \$679



Transaction History Continuation

Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

TODD SILBER

ACCT# 14443

VIP FREE INTEREST CHECKING

Results

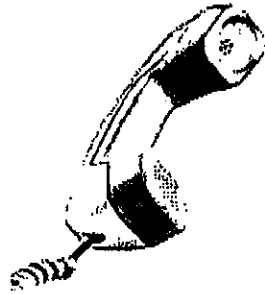
Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/09/2009	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	50.00	\$85.65
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*ELEC	0000000000	19.99	\$135.65
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*BC UP	0000000000	29.99	\$155.64
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*BC UP	0000000000	39.99	\$185.63
12/07/2009	CK CRD PIN PURCHASE	USPS 0875140174/850 CLUSP 0026	0000000000	7.34	\$225.62
12/07/2009	ACH WITHDRAWAL	LOWES/GEMB CHECKPAYMT 09	0000000928	40.00	\$232.96
12/07/2009	ACH WITHDRAWAL	HOME DEPOT CR SV CHECK PYMT 09	0000000930	190.00	\$272.96
12/04/2009	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	40.00	\$462.96
12/03/2009	ACH WITHDRAWAL	HSBC CREDIT SVC2 CHECKPAYMT 92	0000000929	20.00	\$502.96
12/03/2009	WITHDRAWAL AT ATM	1695 ELLINGTON RD 115719433443	0000000000	340.00	\$522.96
12/02/2009	POD INCLEARING CHECKS	PAID CHECK	0000000932	209.27	\$862.96
12/02/2009	ACH WITHDRAWAL	YANKEE GAS CHECKPAYMT 93	0000000931	72.70	\$1,072.23
12/01/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	25.00	\$1,144.93
12/01/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	30.00	\$1,169.93

----- End of Report -----

8843

(15)

Fax



1-866-709-4744

Monday, January 11, 2010

To: GMAC
Loss Mitigation

From: Todd Silber

LOAN: 860-922-8843

Subject: 2008 TAX Returns

Memo:

My Loss Mitigation Packet was sent back on 12/11/2009.

Having Heard No Contact from GMAC, My Counselors (familiar with HAMP program, and Assisting families with Gov. Sanctioned Re-AI/modifications, they Instructed me to call. I was told ^{are} you ~~are~~ missing my 2008 Returns.

This fax includes them, Please let me know if you need any further forms from me. Please do not wait 30 days of wait for me to call. I could of sent any missing Documents out weeks ago.

Please Call me at 860-922-4156, you have full permission to call my cell phone - 860-922-4156 this is my only Phone Contact Available.

The other Number you have on File is emergency out bound calls only phone there is no answering machine and the Ringers is turned off.

Todd Silber 1/11/2010

16

Form 1040 Department of the Treasury -- Internal Revenue Service
U.S. Individual Income Tax Return 2008 (99) IRS Use Only -- Do not write or staple in this space.

OMB No. 1545-0074
Your social security number -2236
Spouse's social security no.

TODD SILBER
73 FARNHAM ROAD
South Windsor CT 06074

Filing Status: 1 Single, 2 Married filing jointly (even if only one had income), 3 Married filing separately, 4 Head of household (with qualifying person), 5 Qualifying widow(er) with dependent child (see inst.)

Exemptions: 1 Yourself, 2 Spouse, 3 Dependents

Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child test is satisfied
MADISON	SILBER	048-02-6967	Daughter	<input checked="" type="checkbox"/>
ALYSON	SILBER	045-92-4485	Daughter	<input checked="" type="checkbox"/>
MALINDA	JOHNSTON	043-82-8009	Other	<input checked="" type="checkbox"/>

Total number of exemptions claimed: 4

Income:

7	Wages, salaries, tips, etc. Attach Form(s) W-2	8	Total income
7	86,610	8	86,610

Adjusted Gross Income:

22	Add the amounts in the far right column for lines 7 through 21. This is your total income	23	Total income
22	86,610	23	86,610

Adjusted Gross Income: 86,610

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

JVA 05 10401 TWP 27304 Copyright Forms (Software Only) - 2008 TW

17

Form 1040 (2008)		SILBER 044-78-2236		Page 2	
Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	86,892
39a <input type="checkbox"/> You were born before January 2, 1944. <input type="checkbox"/> Blind. <input type="checkbox"/> checked <input type="checkbox"/> Total boxes		39a		39a	
b If your spouse (tenetee on a separate return or you were a dual-status alien, see inst.) and check here <input type="checkbox"/> 39b		39b		39b	
c Check if standard deduction includes real estate taxes or disaster loss (see inst.) <input type="checkbox"/> 39c		39c		39c	
Standard Deduction		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,382
41 Subtract line 40 from line 39		41		41	58,500
42 If line 38 is over \$118,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d.		42		42	14,000
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		43	44,500
44 Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 9514 b <input type="checkbox"/> Form 4972		44		44	6,194
45 Alternative minimum tax (see instructions). Attach Form 6250 if required		45		45	
46 Add lines 44 and 45		46		46	6,194
TAXPAYER'S COPY		47		47	
47 Foreign tax credit. Attach Form 1116 if required		47		47	
48 Credit for child & dependent care expenses. Attach Form 2441		48		48	
49 Credit for the elderly or the disabled. Attach Schedule R		49		49	
50 Education credits. Attach Form 8863		50		50	
51 Retirement savings contributions credit. Attach Form 8880		51		51	
52 Child tax credit (see instructions). Attach Form 8801 if required		52	1,400	52	
53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8895		53		53	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 8804		54		54	
55 Add lines 47 through 54. These are your total credits		55		55	1,400
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-		56		56	4,794
Other Taxes		57		57	
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		57		57	
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58		58	
59 Additional taxes: a <input type="checkbox"/> AEC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H		59		59	
60 Add lines 57 through 59. This is your total tax		60		60	4,794
Payments		61		61	
61 Federal income tax withheld from Forms W-2 and 1099		61	10,153	61	
62 2008 estimated tax payments & amt. applied from 2007 return		62		62	
63 Earned income credit (EIC)		63		63	
64 Nontaxable combat pay election <input type="checkbox"/> 64b		64		64	
65 Excess social security and tier 1 RRTA tax withheld (see inst.)		65		65	
66 Additional child tax credit. Attach Form 8812		66		66	
67 Amount paid with request for extension to file (see instructions)		67		67	
68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4138 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885		68		68	
69 First-time homebuyer credit. Attach Form 5406		69		69	
70 Recovery rebate credit (see instructions)		70		70	
71 Add lines 61 through 70. These are your total payments		71		71	10,153
Refund		72		72	
72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid		72		72	5,359
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 73a		73a		73a	5,359
b Routing no. <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		73b		73b	
c Account no. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		73c		73c	
74 Amt. of line 72 you want applied to your 2009 estimated tax payments		74		74	
Amount You Owe		75		75	
75 Amount you owe. Subtract line 74 from line 60. For details on how to pay, see instructions		75		75	
76 Estimated tax penalty (see instructions)		76		76	
Third Party Designee		77		77	
77 Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		77		77	
Name <input type="checkbox"/> PREPARED BY <input type="checkbox"/> OTHER		77a		77a	
Relationship to taxpayer (e.g., spouse, child, parent, etc.)		77b		77b	
Signature of preparer (if not taxpayer)		77c		77c	
Date		77d		77d	
Your occupation		77e		77e	
Spouse's occupation		77f		77f	
Preparer's signature		77g		77g	
Date		77h		77h	
Check if self-employed <input type="checkbox"/>		77i		77i	
Preparer's SSN or PTIN		77j		77j	
Paid Preparer's Use Only		78		78	
Firm's name (or yours if self-employed), address, & ZIP code		78a		78a	
TAXES 1ST LLC		78a		78a	
755 PARK AVE		78a		78a	
Bloomfield, CT 06002		78a		78a	
Phone no.		78b		78b	
(860) 836-0036		78b		78b	
EIN		78c		78c	
507555		78c		78c	
Form 1040 (2008)		78d		78d	